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PROFESSIONAL AND OCCUPATIONAL STANDARDS

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Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part LXIII. Psychologists

Preface and Foreword

Licensure of persons in Louisiana representing themselves to the public as psychologists and regulation of the practice of psychology is the responsibility of the State Board of Examiners of Psychologists. Act 347 of the 1964 Legislature, specifying the duties and powers of the board, as well as the requirements for licensure, has been codified as R. S. 37:2351-2367.

With the exception of some individuals licensed under the "grandfather clause" of the law, licensure indicates that an individual has met the legal requirements of age, citizenship, and residency, holds the doctoral degree in psychology from a school or college recognized by the board, has passed the prescribed written and oral examinations for licensure, and has completed at least two years of post-doctoral experience practicing under the supervision of a qualified psychologist.

In discharging its obligation to protect the public welfare, the board cooperates fully with official agencies of state government and the Professional Standards Review Committee of the Louisiana Psychological Association. Questions or complaints concerning any individual representing himself as a psychologist should be directed to the attention of the chairman of the board.

Chapter 1. Definitions

§101. Definition of Resident

A. A resident of the state of Louisiana for the purposes of this Act is a person who:

1. is domiciled in Louisiana; or
2. practices psychology in the state of Louisiana for a period of time exceeding 30 days in any calendar year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:248 (August 1979).

§103. Definition of Applicant for Licensure

A. An applicant is a person who submits to the board the required application fee and the complete prescribed application which includes evidence that the person:

1. is at least 21 years of age; and
2. is of good moral character; and
3. is a citizen of the United States or has declared an intention to become a citizen. A statement by the person, under oath, to apply for citizenship upon becoming eligible to make such application shall be sufficient proof of compliance with this requirement; and

4. is a resident or has declared, under oath, the intention to become a resident of the state of Louisiana; and

5. holds a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology that is approved by the board with such requirements as designated in the board's rules and regulations; and

6. is not in violation of any of the provisions of R.S. 37:2351-2367 and the rules and regulations adopted thereunder.

B. Applicant status shall not be used for professional representation.

C. An applicant who is denied candidacy status, and thus licensure by the board based on the evidence submitted as required under §103.A, may reapply to the board after two years have elapsed, and having completed additional training meeting the requirements of the law and as defined in the rules and regulations adopted by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:248 (August 1979).

§105. Definition of Candidate for Licensure

A. A candidate for licensure is an applicant (as defined in the rules and regulations of the board) who:

1. has been judged by the board to have met the requirements set forth under the definition applicant; and
2. is therefore admitted to the written examination.

B. An applicant may be admitted to candidacy, and therefore may take the required written examination, prior to completion of the two years of full-time supervised and documented postdoctoral experience which is required for licensure and as defined in the rules and regulations of the board.

C. A candidate for licensure may retake the written examination as frequently as it is offered by the board, however, the candidate shall not be allowed to take the examination more than three times without meeting the minimum criterion set by the board for successful completion.

D. A candidate shall have a maximum of four years to pass the written examination.

E. A candidate who fails to pass the written examination three times (as in §105.C) or within four years (as in §105.D) shall be removed from candidacy for licensure and shall not be issued a license to practice psychology in Louisiana.

F. The above requirements of a written examination shall not prohibit a modified administration of the examination to an otherwise qualified candidate who is handicapped and whose handicap would interfere with the ability of the candidate to demonstrate satisfactory knowledge of psychology as measured by the examination.

G. A candidate who successfully completes the written examination will be admitted to the oral examination before the board.

H. A candidate who successfully completes the oral examination, in the judgment of the board, shall be issued a license in psychology upon the completion of the two years of full-time supervised and documented postdoctoral experience which is required for licensure under R.S. 37:2351-2367 and as defined in the rules and regulations of the board.

I. A candidate denied licensure under the preceding provisions, may reapply to the board after more than two years have elapsed from the effective date of the notification by the board of such denial.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:248 (August 1979).

Chapter 2. Reciprocity

§201. Licensure of Psychologists through Reciprocity

A. Upon application thereof, accompanied by such fee as determined by the board, the board shall issue a license to any person who furnishes, upon a form and in such manner as the board prescribes, evidence satisfactory to the board that:

1. he/she meets all of the following:

a. is licensed as a psychologist by another member jurisdiction of the Association of State and Provincial Psychology Boards (ASPPB) if the requirements for such licensure in that jurisdiction are the substantial equivalent of those required by LAC 46:LXIII.Chapter 3, and if that jurisdiction has entered into a similar agreement with this board providing for the licensure of Louisiana psychologists in that jurisdiction by reciprocity; and

b. has met the requirements of such board including five years of satisfactory professional licensed experience in psychology; and

c. has successfully passed written and oral examinations administered by such board; and

d. his/her doctoral program involved at least one continuous academic year of full-time residency on the campus of the institution at which the degree was granted; and

e. he/she has not been subject to any disciplinary action by a professional board, and does not have any pending complaints against him/her; or

2. he/she is a psychologist licensed in another state or territory of the U.S. or a Canadian province who has met the requirements for and holds a current Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB); or

3. that he/she is a psychologist licensed in another state or territory of the U.S. or a Canadian province who is a current Diplomat of the American Board of Professional Psychology (ABPP) in good standing.

B. Applicants for reciprocal licensing must pass the Louisiana Jurisprudence Examination prior to the issuance of a Louisiana license, and the Louisiana board may require a meeting with the applicant to review and verify his/her satisfactory character, current fitness, plans to practice, and specialty declaration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 23:861 (July 1997), amended LR 27:723 (May 2001), LR 29:2075 (October 2003).

Chapter 3. Training and Credentials

§301. School

A. A "school" or "college" approved by the board is a university or other institution of higher learning which at the time of the granting of the doctorate has met §301.B, C, and D:

B. is accredited by one of the six regional bodies recognized by the council on postsecondary accreditation;

C. has achieved the highest level of accreditation or approval awarded by statutory authorities of the state in which the school or college is located;

D. offers a full-time graduate course of study in psychology as defined in the regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:489 (August 1980).

§303. Doctoral Programs in Psychology

A. A graduate of a doctoral program that is listed by the Association of State and Provincial Psychology Boards (ASPPB) and the National Register of Health Service Providers in Psychology's yearly joint publication of the Doctoral Psychology Programs Meeting Designation Criteria is recognized as holding a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology.

B. A graduate of a doctoral program that is accredited by the American Psychological Association is recognized as holding a doctoral degree with a major in psychology from a university offering a full-time graduate course of study in psychology. The criteria for accreditation serve as a model for professional psychology training.

C. A graduate of a doctoral program that is neither listed in Designate Doctoral Programs in Psychology nor accredited by the American Psychological Association must meet the criteria in Paragraphs C.1-11 below.

1. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education.

2. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists.

3. The psychology program must stand as a recognizable, coherent organizational entity within the institution.

4. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

5. The program must be an integrated, organized sequence of study.

6. There must be an identifiable psychology faculty and a psychologist responsible for the program.

7. The program must have an identifiable body of students who are matriculated in that program for a degree.

8. The program must include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology.

9. The program shall be an internal degree program (as opposed to an external degree program) unless it is either designated by the Association of State and Provincial Psychology Boards and the National Register or it is accredited by the American Psychological Association.

10. The doctoral program shall involve at least one continuous academic year of full-time residency on the campus of the institution at which the degree is granted.

11. The curriculum shall encompass a minimum of three academic years of full-time graduate study. The program of study shall typically include graduate coursework with a minimum of three semester hours (five quarter hours) in each of the following three areas: scientific and professional ethics and standards, research design and methodology, and statistics and methodology. In cases where the material from one of these areas was incorporated into other courses, the program director shall submit material to the board indicating the educational equivalence of this requirement. Additionally, the core program shall require each student to demonstrate competence in each of the following substantive areas. This requirement typically will be met by including a minimum of three or more graduate semester hours (five or more graduate quarter hours) in each of the four substantive content areas. Graduates who cannot document competence in all substantive content areas (§303.C.11.a-d below), may demonstrate competence by taking additional course work or examination, not to exceed one substantive content area:

a. biological bases of behavior—physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

b. cognitive-affective bases of behavior—learning, thinking, motivation, emotion;

c. social bases of behavior—social psychology, group processes, organizational and systems theory;

d. individual difference—personality theory, human development, abnormal psychology. In addition, all professional doctoral programs in psychology will include course requirements in specialty areas.

D. Graduates of foreign programs will be evaluated according to the following.

1. Graduates of foreign programs must meet the "substantial equivalent" of criteria §303.C.1.-11. above. "Substantial equivalent" does not apply to graduates from colleges, universities, or professional schools in the United States, Canada, or any jurisdiction under the Association of State and Provincial Psychology Boards. The board may "assess" a foreign applicant to recover expenses incurred in reviewing unusual credentials.

2. Applicants for licensure whose applications are based on graduation from foreign universities shall provide the board with such documents and evidence to establish that their formal education is equivalent to a doctoral degree in psychology granted by a United States university that is regionally accredited. The applicant shall provide the board with the following:

a. an original diploma or other certificate of graduation, which will be returned, and a photostatic copy of such a document, which shall be retained;

b. a transcript or comparable document of all course work completed;

c. a certified translation of all documents submitted in a language other than English;

d. satisfactory evidence of supervised experience;

e. evidence that the doctoral dissertation was primarily psychological in nature. In its discretion, the board may require an applicant to file a copy of the dissertation itself; and

f. a statement prepared by the applicant based on the documents referred to in this Section, indicating the chronological sequence of studies and research. The format of this statement shall be as comparable as possible to a transcript issued by American universities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:489 (August 1980), amended LR 13:180 (March 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 15:87 (February 1989), LR 27:1895 (November 2001).

§305. Specialty Areas

A. If the emphasis of the major in psychology is an applied area such as clinical psychology, counseling psychology, clinical neuropsychology, school psychology, or industrial-organizational psychology, the training shall include a set of coordinated practicum and internship training experiences.

B. In applied areas such as counseling, clinical, clinical neuropsychology, and school psychology, preparation normally shall include early and continuing involvement of students in applied settings. Such experiences should occur at two levels: practicum and internship.

1. The practicum level is an earlier, prerequisite phase of involvement, usually for academic credit, often on campus, with typical time commitment of 8 to 16 hours per week. Practicum settings should provide supervised training in interviewing, appraisal, modes of intervention and research skills or other skills appropriate to the student's level of experience and area of specialization. A minimum of 300 hours of practicum experience should precede the internship. This should include at least 100 hours of direct client contact and at least 50 hours of scheduled individual supervision.

2. The following will be used to identify organized psychology internship training programs.

a. An organized training program, in contrast to supervised experience or on-the-job training, is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose is assuring breadth and quality of training.

b. The internship agency had a clearly designated staff psychologist who was responsible for the integrity and quality of the training program and who was actively licensed/certified by the State/Provincial Board of Examiners in Psychology.

c. The internship agency had two or more psychologists on the staff as supervisors, at least one of whom was actively licensed as a psychologist by the State/Provincial Board of Examiners in Psychology.

d. Internship supervision was provided by a staff member of the internship agency or by an affiliate of that agency who carried clinical responsibility for the cases being supervised. At least half of the internship supervision was provided by one or more psychologists.

e. The internship provided training in a range of assessment and treatment activities conducted directly with clients seeking psychological services.

f. At least 25 percent of trainee's time was indirect client contact (minimum 375 hours).

g. The internship included a minimum of two hours per week (regardless of whether the internship was completed in one year or two) of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with psychological services rendered

directly by the intern. There must also have been at least two additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with clinical issues; co-therapy with a staff person including discussion; group supervision, additional individual supervision.

h. Training was post-clerkship, post-practicum and post-internship level.

i. The internship agency had a minimum of two interns at the internship level of training during the applicant's training period.

j. Trainee had title such as "intern," "resident," "fellow," or other designation of trainee status.

k. The internship agency had a written statement or brochure which described the goals and content of the internship, stated clear expectations for quantity and quality of trainee's work and was made available to prospective interns.

l. The internship experience (minimum 1,500 hours) was completed within 24 months.

C. In applied areas such as industrial-organization, engineering and environmental psychology, internship training may take the form of post doctoral supervised experience as defined in the regulations of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 13:181 (March 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:1323 (October 1993).

§307. Clinical Neuropsychology

A. Statement of Purpose. As each of the other specialty areas of psychology such as clinical psychology, counseling psychology, school psychology, and industrial-organizational psychology typically have their own clearly defined doctoral programs and curriculum, no separate guidelines beyond those established by these programs are deemed necessary to declare these particular specialty designations. Clinical neuropsychology has evolved into a specialty area as defined by LAC 46:LXIII.Chapter 17 in that it has become identified as having its own "history and tradition of service, research, and scholarship (and) to have a body of knowledge and set of skills related to that knowledge base, and which is discriminably different from other such specialties" (LAC 46:LXIII.1705.B). However, the evolution of clinical neuropsychology has cut across several applied areas, most notably clinical, counseling, and school psychology, resulting in the need for guidelines defining the minimal education and training requirements necessary for specialization in this area of clinical practice.

B. Definition of Practice. As implied by the term, clinical neuropsychology involves the application of both neurological and psychological knowledge and clinical skills in the assessment, treatment or intervention with individuals with known or suspected brain injury or disease.

1. Clinical neuropsychology differs from the general cognitive, perceptual, sensorimotor, intellectual or behavioral assessments of clinical, counseling, school or industrial-organizational psychology. Its purpose is to make clinical judgments regarding the functional integrity of the brain and of the specific effects of known brain pathology based on assessment and analysis of these functions.

2. Other psychologists, licensed under this law (R.S. 37:2356) and possessing appropriate education and training in the area of health care delivery, may also assess individuals with known or suspected brain pathology for the purpose of defining levels of academic or intellectual development; determining areas of relative strengths or weaknesses in cognitive, perceptual or psychomotor skills; identifying and categorizing behavioral or personality problems and their psychological origins; and making differential psychiatric diagnoses.

3. Clinical neuropsychologists, however, have as their purpose to assess and analyze cognitive, perceptual, sensorimotor and behavioral functions in order to identify and isolate specific, elementary neurobehavioral disturbances; differentiate neurological from possible psychological, cultural or educational contributions to the observed deficits; and finally, to clinically integrate this information into a neuroanatomically and/or neuropathologically meaningful syndrome. These impressions are then compared with the patient's known medical, psychiatric and neurological risk factors and personal and behavioral history to arrive at a neuropsychological diagnosis. Because of their appreciation of specific neurobehavioral deficits and neurobehavioral syndromes in general, clinical neuropsychologists, as part of the evaluation process, are also called upon to make specific recommendations for the treatment and management of cognitive and neurobehavioral deficits resulting from brain injury or disease.

4. Clinical neuropsychological intervention includes, but is not limited to, developing strategies and techniques designed to facilitate compensation for or recovery from these various organically induced deficits based on the clinical neuropsychologist's understanding of brain-behavior relationships and the underlying neuropathology. It is also recognized that other psychologists, licensed under this law (R.S. 37:2356) and possessing appropriate education and training in the area of health care delivery, may also provide traditional psychotherapeutic intervention in assisting patients adjust to the emotional, social or psychological consequences of brain injury.

5. These regulations recognize the overlapping roles in certain aspects of clinical neuropsychological assessment and intervention of other professionals, such as behavioral neurologists, speech pathologists, and learning disability specialists, and are not meant to constrain or limit the practice of those individuals as affirmatively set forth in their relevant enabling statutes.

C. Training and Educational Requirements. The guidelines for licensure as a psychologist, as defined in LAC 46:LXIII.301 and 303, are also applicable as minimal

requirements for consideration for the practice of clinical neuropsychology. However, in addition to one's basic training as a psychologist, specialty education and training is considered essential. The International Neuropsychological Society (INS) and Division 40 of the American Psychological Association (APA) have developed guidelines for specialty training in clinical neuropsychology. These guidelines represent the current recommendations for the education and training of psychologists who will engage in the delivery of clinical neuropsychological services to the public. It is recognized that many current practitioners of clinical neuropsychology were trained well before such specialty guidelines were devised and such educational and training opportunities were readily available. Additionally, it is recognized that there are many psychologists, who were not initially trained as clinical neuropsychologists, but who would like to respecialize and practice in this field. The purpose of these regulations is also to address the circumstances of these individuals. The minimum requirements set forth in the Louisiana Administrative Code for Psychologists will also apply to all candidates seeking a specialty designation in clinical neuropsychology.

1. Doctoral Training in Clinical Neuropsychology after 1993. Because of the diversity of training programs in clinical neuropsychology, some discretionary judgment as to the adequacy of any educational and training program must be left to the board. However, the basic model for training in clinical neuropsychology will be in keeping with the guidelines developed by INS/APA Division 40. These are as follows:

a. a basic core psychology curriculum as defined in LAC 46:LXIII.303.C.11;

b. a clinical core that includes psychopathology; didactic and practicum experiences in the assessment of individual differences (psychometric theory, interviewing techniques, intelligence and personality assessment); didactic and practicum experiences in psychotherapeutic intervention techniques; and professional ethics;

c. specific courses relating to training in clinical neuropsychology including, but not limited to: basic neurosciences such as advanced physiological psychology; advanced perception and cognition; research design and/or research practicum in neuropsychology; psychopharmacology; functional human neuroanatomy; neuropathology; didactic and practicum experiences in clinical neuropsychology and clinical neuropsychological assessment; and principles of clinical neuropsychological intervention;

d. specialty internship in clinical neuropsychology, followed by the completion of a formal post-doctoral fellowship (one year minimum) in clinical neuropsychology, or the equivalent of one full year (1,800 hours) of post-doctoral experience in clinical neuropsychology under the supervision of a qualified clinical neuropsychologist (as defined here and in LAC 46:LXIII.307.C.2, 3, and 4). The majority of these hours must involve clinical neuropsychological assessment, and some portion of the remaining hours should be related to rehabilitation of

neuropsychological deficits. The supervision, as defined above, should involve a minimum of one hour of face-to-face supervision a week, though additional supervisory contact may be required during training phases and case discussions. The 1,800 total hours must be obtained in no more than two consecutive years;

e. as with any specialty area of psychology, being licensed to practice with a specialization in clinical neuropsychology will depend on the successful completion of both written and oral examinations as defined by the board.

2. Respecialization for Psychologists with Other Designated Specialty Areas

a. The requirements for any given individual may vary depending on his or her previous education, training, supervised practica, and clinical experiences. Documentation of one's relevant training and clinical experience, along with a formal plan for respecialization in clinical neuropsychology, will be submitted to the board for approval.

b. Continuing education in clinical neuropsychology, regardless of its nature and content, will not be considered, in and of itself, sufficient for respecialization. Any such educational experiences must be supplemented by formal applied clinical experiences under the supervision of a qualified clinical neuropsychologist.

c. While a formal course of post-doctoral graduate training in clinical neuropsychology may be considered ideal, matriculation in such a graduate program may not be essential for someone already trained in an area of health care delivery psychology. Such an individual may undertake an informal course of studies outlined by the supervising clinical neuropsychologist. Such a program of studies should be designed to supplement whatever may be lacking from the basic educational requirements listed under LAC 46:LXIII.307.C.1.c and must be submitted to the board for prior approval.

d. In addition to whatever remedial didactic training is necessary, the candidate for respecialization in clinical neuropsychology, will complete either a formal, one year post-doctoral fellowship training program, or the equivalent of one full year (1,800 hours) of supervised experience in clinical neuropsychology as defined in LAC 46:LXIII.307.C.1.d.

e. Following the completion of this program, the candidate for respecialization will be required to pass an oral examination administered by the board or a committee of its choosing relating to the practice of clinical neuropsychology.

3. Psychologists Trained Prior to 1993 with Demonstrated Expertise in Clinical Neuropsychology

a. Those psychologists whose training and experience qualify them as having particular expertise in this field, may petition for a specialty designation in clinical neuropsychology. The following may be offered as evidence of such expertise:

i. diplomat status (ABPP/ABCN or ABPN) in clinical neuropsychology;

ii. formal training and supervised practicum experiences in clinical neuropsychology as defined in LAC 46:LXIII.307.C.1;

iii. extensive clinical practice in the area of clinical neuropsychology, such that one has a regional or national reputation among his or her peers as having competence in this field;

iv. in addition to the clinical practice of neuropsychology, one has significant scholarly publications in the area or teaches courses in clinical neuropsychology at a graduate level in an accredited psychology program.

b. These credentials would be subject to review and approval by the board.

c. After having met all other requirements for licensure under this Chapter, the candidate may be required to pass an oral examination administered by the board or a committee of its choosing relating to the practice of clinical neuropsychology.

4. Grandfather Clause (senior psychologists engaging in the practice of clinical neuropsychology prior to January 1, 1994)

a. It is incumbent upon both the board and the individual practitioner to insure that all services rendered by psychologists are well within their defined areas of competence. The board recognizes that as clinical neuropsychology evolved and the demands for such services increased, many practicing clinicians expanded their practice to include clinical neuropsychological assessment and/or intervention. Similarly, it recognizes that even before clinical neuropsychology developed into an independent specialty within psychology, clinicians were making predictions about the integrity of the brain from various psychometric measures.

b. A grandfathering period will be in effect until January 1, 1995, for those psychologists licensed under R.S. 37:2356 who wish to declare a specialty in clinical neuropsychology in addition to their present designation.

c. Those psychologists who believe they meet the following criteria have until January 1, 1995, to notify the board in writing that they so qualify and wish to declare a specialty designation in clinical neuropsychology. The board will review all such requests and reserves the right to request supporting documentation:

i. the individual should have had either formal course work or extensive continuing education in all or most of the areas listed under LAC 46:LXIII.307.C.1.c. Specifically, one should be familiar with functional neuroanatomy; the basics of clinical neurology and neuropathology, including the natural history of the major neurological disorders; the theory and practice of clinical neuropsychology; psychopathology; and the potential impact of individual differences on behavior and the assessment of mental status. Over the last five years, at least one-third of

one's continuing education and one-third of one's clinical practice should have been devoted to the practice of clinical neuropsychology to maintain competence in the area (continuing education is considered an essential, but not sufficient, basis for competency in clinical neuropsychology). One should have had the opportunity for regular peer review and/or discussion of neuropsychological cases, issues or questions. Additionally, membership and participation in neuropsychological organizations and/or neuropsychological research can also be offered as evidence of ongoing professional development in clinical neuropsychology;

ii. diplomat status (ABPP/ABCN or ABPN) in clinical neuropsychology.

5. All other psychologists, licensed under R.S. 37:2356, wishing to declare a specialty in clinical neuropsychology after January 1, 1995, must meet the criteria outlined in LAC 46:LXIII.307.C.1, 2, and 3.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:1323 (October 1993).

Chapter 4. Certificate of Prescriptive Authority

§401. Preface

A. Pursuant to R.S. 37:2371 through 2378 enacted on August 31, 2004, this document provides for rules and regulations regarding prescriptive authority for medical psychologists, including the application process, limits of practice, documentation requirements and physician consultative relationship, prescribing practices, continuing education requirements, renewal process and complaint procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:70 (January 2005).

§403. Application for Certificate of Prescriptive Authority

A. A "Certificate of Prescriptive Authority" will be issued by the board granting a psychologist the authority to prescribe medications when the psychologist has met the following requirements.

1. The psychologist has filed an application for a Certificate of Prescriptive Authority and paid the administrative application fee established by the board. The application fee for a "Certificate of Prescriptive Authority" shall be assessed as established for re-specialization registration after licensure.

2. The psychologist holds a current Louisiana license to practice psychology with an applied clinical specialty. For the purposes of these rules, an applied clinical specialty is defined as a board approved specialty in Clinical

Psychology, Counseling Psychology, School Psychology, Clinical Neuropsychology or other applied clinical specialty as may be approved by the board.

3. The psychologist has successfully graduated with an approved post-doctoral master's degree in clinical psychopharmacology from an institution accredited by a regional body recognized by the U.S. Department of Education. For the purposes of these rules, an equivalent to the post-doctoral master's degree under the provisions of R.S.37:2373(2) is defined as the successful completion of the Department of Defense Psychopharmacology Demonstration Project (DOD-PDP), or similar program developed and operated under the auspices of any branch of the United States armed services.

a. The education program shall provide post-doctoral didactic instruction in the following content areas:

- i. anatomy and physiology;
- ii. biochemistry;
- iii. neurosciences;
- iv. pharmacology;
- v. psychopharmacology;
- vi. clinical medicine/pathophysiology; and
- vii. health assessment, including relevant physical and laboratory assessment.

b. The training of a medical psychologist shall provide opportunities for the psychologist to review, present and discuss case examples representing a broad range of clinical psychopathologies; medical conditions presenting as psychiatric illness; and treatment complexities, including complicating medical conditions; diagnostic questions; choice of medications; untoward side effects; compliance problems; alternative treatments and treatment failures.

c. Course work and/or training undertaken at a pre-doctoral level cannot be substituted for any educational or training requirement necessary to obtain a Certificate of Prescriptive Authority.

4. The psychologist has passed a national proficiency examination in psychopharmacology approved by the board.

a. The Psychopharmacology Examination for Psychologists (PEP), developed by the American Psychological Association practice organization's College of Professional Psychology and its contractor, the Professional Examination Service, is an approved proficiency examination.

b. The PEP or other national exam approved by the board shall be taken after the successful completion of a postdoctoral program of education in psychopharmacology and within three years of completing an application for a Certificate of Prescriptive Authority.

c. The passing score shall be established by the board with consideration of the recommendations of the College of Professional Psychology or other national exam sponsoring organization and as approved by the board.

d. If the applicant's score falls below the passing score, the applicant may take the examination a second time after a mandatory 90-day waiting period.

e. If the applicant's score falls below the passing score on the second attempt, the applicant shall be required to wait six months before repeating the examination.

f. If the applicant fails three attempts, the applicant shall be required to undergo and successfully complete remedial education and training as determined by the board before being permitted to repeat the examination.

g. If the applicant fails on the fourth attempt, the applicant will be required to repeat the educational program as outlined in Paragraph A.3 of this Section before repeating the PEP examination and re-applying for prescriptive authority.

B. Upon successful completion of all requirements in §403.A.1-4, the board will review the application and notify the applicant of his or her approval status.

1. The board shall have the right to modify, restrict or otherwise limit the prescriptive authority being granted a medical psychologist, based on his or her training, experience, practice history or other factors as might be necessary to ensure the health, safety and welfare of the public. Such modifications, restrictions or other limitations may include, but are not necessarily limited to, restrictions on the age range of patients treated, the prescription of controlled substances, off-label prescribing, medication classes prescribed and types of disorders treated. The board shall have the right to change, modify or remove any such restriction or other limitations when appropriate.

2. If the application is approved, a valid Certificate of Prescription Authority with an assigned number will be issued to the psychologist, and the psychologist will be listed with the board as a medical psychologist.

a. The Certificate of Prescriptive Authority will be visibly displayed in the medical psychologist's primary practice location.

b. All documents produced by a medical psychologist relevant to prescribing activities, including prescriptions, must include a signature block with the abbreviation of M.P. following the designation of his or her doctorate degree.

c. The medical psychologist shall not issue a prescription for a controlled substance until the board has received verification that the medical psychologist has received a valid Controlled and Dangerous Substance (CDS) license from the state of Louisiana and valid federal DEA number. In order to continue prescribing controlled substances, the medical psychologist is also required to maintain and renew the CDS license and DEA number in accordance with all applicable state and federal laws.

d. The board shall submit to the Louisiana State Board of Pharmacy the name and address of the medical psychologist approved for a certificate of prescription authority, the certificate number, and effective date of the certificate.

3. If the application for a certificate of prescription authority is not approved, the psychologist will be notified and provided an explanation for denial and information pertaining to potential guidelines for remediation of any identified deficiencies.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:70 (January 2005).

§405. Limits of Practice

A. Medical psychologists shall pharmacologically treat only those disorders listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or those mental and emotional disorders listed in the most recent edition of the International Classification of Diseases (ICD).

1. Medical psychologists shall prescribe only medications recognized and customarily used for the management of mental and emotional disorders.

2. A medical psychologist may order and interpret routine laboratory procedures, as necessary for adequate pretreatment health screening and treatment maintenance, including monitoring potential side effects associated with medications prescribed by the medical psychologist.

3. A medical psychologist shall not prescribe medications outside his or her areas of competency consistent with his or her training and experience as defined by the board.

B. Under no circumstances shall a medical psychologist order, prescribe or distribute narcotics, defined as natural and synthetic opioid analgesics and their derivatives used to relieve pain.

C. Nothing in these regulations shall be interpreted or construed as to permit a medical psychologist to pharmacologically treat patients for primary endocrine, cardiovascular, orthopedic, neurologic, gynecologic, metabolic, hematologic, respiratory, renal, gastrointestinal, hepatic, dermatologic, oncologic, infectious, ophthalmologic, or rheumatologic illness or disorders.

D. Medical psychologists may prescribe medications for mental and emotional disorders that arise secondary to a primary physical illness, so long as the primary physical illness is being managed the patient's primary or attending physician.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:71 (January 2005).

§407. Documentation of Physician Consultation

A. When psychopharmacologic management of a patient is indicated, the initial plan shall include consultation with the patient's primary care or attending physician.

B. The medical psychologist shall document the consultation with the primary or attending physician in the patient's medical record. This documentation shall include, but is not necessarily limited to, the patient's name; the physician's name; date of consultation; purpose of consultation (e.g., new medication, change in medication, discontinuance of medication, adverse treatment effects, treatment failure, change in medical status, etc.); the results of the consultation (e.g., medications ordered, generic or trade; starting dosage and titration plan, if any; number of refills; etc.) and any other information that might be necessary for the appropriate coordination of care for the patient (e.g., review of prior labs or diagnostic procedures; new labs or diagnostic procedures requested by the physician, if any; etc.).

C. The medical psychologist shall forward documentation of all psychopharmacologic consultations to the patient's primary or attending physician for that physician's records.

D. With the permission of the patient, the medical psychologist shall forward any other relevant medical documentation requested by the patient's primary care or attending physician.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:71 (January 2005).

§409. Prescribing Practices of a Medical Psychologist

A. In order to permit the necessary coordination of care for the patient, the medical psychologist shall obtain a release of information from the patient and/or the patient's legal guardian to contact the patient's primary or attending physician in all cases in which psychopharmacologic management is planned.

1. If a patient or the patient's legal guardian declines to sign a release of information authorizing coordination of care with his or her primary or attending physician, the medical psychologist shall inform the patient and/or the patient's legal guardian that he or she cannot treat the patient pharmacologically without such consultation.

2. If the patient wishes to have his or her primary or attending physician prescribe any recommended psychotropic medications, the medical psychologist shall forward to the attending physician, with a proper release from the patient, a summary of the medical psychologist's findings and treatment recommendations.

B. The medical psychologist shall contact the primary or attending physician prior to prescribing medications or making changes to an established psychopharmacological regimen, such as dosage adjustments, or adding and discontinuing a medication as described in §407.B of these rules.

1. The medical psychologist shall inform the primary or attending physician of the medication(s) he or she intends to prescribe and any laboratory tests that he or she has ordered or reviewed.

2. The medical psychologist shall discuss with the primary or attending physician any relevant indications and contraindications of the proposed medications.

3. In the event that the primary or attending physician does not concur with the psychopharmacologic treatment protocol planned by the medical psychologist, the medical psychologists shall defer to the medical judgment of the physician.

C. In all cases in which the patient does not have a primary or attending physician, the medical psychologist shall inform the patient that he or she cannot prescribe medication for that patient until such time as the patient has secured a primary care or attending physician and has been established as an active patient of that physician.

D. In the event an established patient changes his or her primary or attending physician with whom the medical psychologist has established a consultative relationship, the medical psychologist shall establish a consultative and collaborative relationship with the new physician in order to continue psychopharmacological treatment of the patient.

E. In the event a patient terminates his or her relationship with his or her primary or attending physician, with whom the medical psychologist has established a consultative relationship and declines to secure a new primary care or attending physician, the medical psychologist cannot continue to psychopharmacologically manage the patient and shall so advise the patient.

1. In such instances, the medical psychologist shall document that he or she has made every reasonable effort to encourage the patient to maintain and/or establish a relationship with a primary care or attending physician.

2. In those cases in which an abrupt discontinuation of a psychopharmacologic medication could represent a health risk or result in adverse effects, the medical psychologist, with concurrence from the previously established primary or attending physician of record, is authorized to prescribe the medication(s) in a manner that is customarily recognized as a discontinuation regimen until the medication has been completely discontinued. This regimen shall be documented in the patient's medical chart.

F. Providing Sample Medications

1. If a medical psychologist provides sample medications to a patient, dispensations of these medications shall be governed by the same rules as those governing the prescribing of medications as defined in these rules.

2. Medication samples maintained in the medical psychologist's office shall be secured in accordance with all relevant state and federal regulations and/or laws.

G. The medical psychologist shall maintain a duplicate or photostatic copy of all written prescriptions in the patient's medical record. When prescriptions are ordered by telephone, the medical psychologist shall document the date and prescriptions ordered in the patient's medical record.

H. The medical psychologist shall not delegate the prescribing of a drug to any individual.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:72 (January 2005).

§411. Continuing Professional Education

A. In addition to the requirements for continuing professional education as specified in the rules of the board (LAC 46:LXIII.801-815), each medical psychologist shall annually complete 30 hours of approved continuing medical education in psychopharmacology and/or psychopharmacotherapy and/or other topics relevant to the practice of medical psychology. When selecting continuing education activities, the medical psychologist shall select those activities that are offered by sponsors approved by the board, and contain information on subjects relevant to the practice of medical psychology.

B. Acceptable sponsors of continuing education are listed in LAC 46:LXIII.805. These include accredited institutions of higher education; national (e.g., APA, AMA), regional, or state professional associations (e.g., LPA, LAMP, a state medical society), which specifically offer graduate or post-doctoral continuing education training. When choosing other continuing medical education (CME) activities to fulfill continuing professional education requirements, the medical psychologist shall select those Category 1 activities that are offered by sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME).

C. Home study courses shall have either APA or ACCME approval.

D. Each medical psychologist shall, as part of his/her continuing education requirements, maintain Basic Life Support (BLS) certification.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:72 (January 2005).

§413. Annual Renewal of the Certificate of Prescriptive Authority

A. Each medical psychologist shall report his/her 30 hours of annual continuing education relevant to the pharmacological treatment of mental and emotional disorders on a form provided by the board. This form will be distributed with the license renewal form. By signing the report form, the medical psychologist signifies that the report is true and accurate. This report is submitted annually, at the time of license renewal, while other continuing education requirements follow the biennial reporting guidelines listed in LAC 46:LXIII.809.

B. Each medical psychologist prescribing controlled substances shall also submit documentation of a valid CDS license and DEA number with the continuing education report.

C. Upon acceptance of required continuing education credits and documentation of current BLS certification, the board will issue a renewal of the medical psychologist's Certificate of Prescriptive Authority, providing that the medical psychologist's license to practice psychology within the state of Louisiana is simultaneously renewed by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:73 (January 2005).

§415. Complaint Procedure

A. Any complaint against a medical psychologist shall be made, investigated and adjudicated according to the complaint procedures outlined in R.S. 37:2359 and LAC 46:LXIII.1501-1543.

B. The board shall have the right to restrict, modify, suspend or revoke, in whole or in part, the prescriptive authority of a medical psychologist who is found in violation of any part of R.S. 37:2371-2378 or these rules for such time as the board determines necessary to protect the health, safety and welfare of the public.

1. Any medical psychologist who knowingly fails to adhere to any modifications, limitations or restrictions of their prescriptive authority, as determined by the board, shall be subject to revocation of their certificate to prescribe.

2. The name and prescriptive authority number of any medical psychologist whose prescriptive authority is restricted, modified, limited, suspended or revoked for any reason stemming from violation of any part of R.S. 37:2371-2378 or these rules shall be forwarded to the Louisiana State Board of Pharmacy, along with the nature of any such modification, limitation, suspension or revocation.

3. In any case involving the restriction, modification, limitation, suspension or revocation of the authority to prescribe controlled substances, the board shall forward to the Controlled Substances section of the Louisiana Department of Health and Hospitals and the regional office of the United States Drug Enforcement Agency, the name and address, DEA number and Louisiana State CDS license of the medical psychologist whose prescriptive authority for controlled substances has been so restricted, suspended or revoked.

C. Any medical psychologist who prescribes any medication while his or her certificate to prescribe is suspended or revoked shall be subject to the additional revocation of his or her license to practice psychology in Louisiana, and his or her name shall be forwarded to the district attorney in the parish of their practice.

AUTHORITY NOTE: Promulgated in accordance with R.S.37:2371-2378.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 31:73 (January 2005).

Chapter 5. Examinations

§501. Written Examination

A. Pursuant to R.S. 37:2353.C(1) and R.S. 37:2356.D, the written portion of the examination of the Louisiana State Board of Examiners of Psychologists shall be the Examination for the Professional Practice of Psychology as constructed by the American Association of State Psychology Boards.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and R.S. 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:70 (February 1980).

§503. Criterion for Passing the Examination for the Professional Practice in Psychology (EPPP),

A. The Board of Examiners of Psychologists establishes the criterion for a passing score on the Examination for Professional Practice in psychology be 70 percent correct on the paper and pencil version or a scaled score of 500 on the computer administered version.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353 and 37:2356.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:551 (August 1983), amended LR 13:291 (May 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 27:835 (June 2001).

Chapter 7. Supervised Practice Leading toward Licensure

§701. Preface

A. This document details reasonable minimal standards for supervised practice and establishes the legal, administrative and professional responsibility of the licensed psychologist designated as supervisor.

B. The supervisory function serves a multiplicity of purposes. Supervision provides guidance in administrative issues in the practice setting, continues and expands education in skills, offers emotional support, and provides evaluation for purposes of the supervisee's growth, as well as administrative judgment relative to the supervisee's capacity for autonomous professional function. The supervisor assigns work, sets realistic standards for achievement and offers evaluation of the supervisee's performance. The supervisor offers a perspective on the relationship between the supervisee's assignment, the rest of the setting and the facilities available outside of the setting in order that the supervisee's professional procedures are intelligently placed within the context of all of the systems affecting and influencing the client. In addition to all of this, the supervisor must deal with those personal characteristics of the supervisee which either enhance or interfere with work efficiency. The private actions and behaviors of the supervisee which are not relevant to nor expressed in the work setting shall not be dealt with in the supervisory relationship. The supervisor shall limit supervision to those

areas in which he/she has professional expertise, as well as develop the specialized skills necessary to render competent supervision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981).

§703. Duration and Setting of Supervised Practice

A. Two years of full-time (or equivalent) supervised and documented experience shall be required for licensure.

1. Credit shall not be granted for practice in connection with course work practicum experience for which predoctoral graduate credits are granted.

2. To be credited toward the two years full-time requirements each assignment in a setting or integrated program shall be of at least 500 hours in duration and at least half-time for that setting or integrated program. Supervised practice must be completed within five calendar years, and for cause shown, the board may grant extensions.

3. Internship Programs. A predoctoral internship shall be credited toward the required two years of supervised experience if that experience was required as a part of the doctoral degree and meets the board's requirements under LAC 46:LXIII.305.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981), amended LR 13:180 (March 1987), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 29:2075 (October 2003).

§705. Qualifications of Supervisors

A. Responsibility for the overall supervision of the supervisee's professional growth resides in the licensed psychologist. Supervising psychologists shall have training in the specific area of practice in which they are offering supervision. Specific skill training may be assigned to other specialists, under the authority of the supervising psychologist. The non-psychologist specialist shall have clearly established practice and teaching skills demonstrable to the satisfaction of both the supervising psychologist and the supervisee.

B. The supervisor shall limit the number of persons supervised so as to be certain to maintain a level of supervision and practice consistent with professional standards insuring the welfare of the supervisee and the client.

C. The supervisor shall not be a member of the supervisee's immediate family.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981).

§707. Amount of Supervisory Contact

A. There shall be one hour per week as a minimum for general professional supervision. Exceptions to the requirement must have prior approval by the board. Specific case discussion and skill training require additional supervisory contact. Supervision is to be conducted on a one-to-one basis, and shall not be substituted for by group seminars or consultation even though they may be excellent training procedures in their own right. It is likely that more than one hour per week would be required, especially with supervisees of lesser experience.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981).

§709. Conduct of Supervision

A. The board recognizes that the variability in preparation for practice of the trainee will require individually tailored supervision. The specific content of the supervision procedures will be worked out between the individual supervisor and the supervisee.

B. The licensed psychologist who provides supervision for the candidate for licensure must have legal functioning authority over and professional responsibility for the work of the supervisee. This means that the supervisor must be available to the supervisee at the point of the decision-making. The supervisor's relationship with the supervisee shall be clearly differentiated from that of consultant, who may be called in at the discretion of the consultee and who has no functional authority for, nor none of the legal or professional accountability for the services performed or for the welfare of the client.

C. The licensed psychologist is responsible for the delivery of services, the representation to the public of services, and the supervisor/supervisee relationship.

1. All clients will be informed of the availability or possible necessity of meetings with the supervising psychologist at the request of the client, the supervisee, or the psychologist. The supervisor will be available for emergency consultation and intervention.

2. All written communication will clearly identify the licensed psychologist as responsible for all psychological services provided. Public announcement of services and fees, and contact with the public or professional community shall be offered only by or in the name of the licensed psychologist. It is the responsibility of both the supervising psychologist and the supervisee to inform the client, to whatever extent is necessary for the client to understand, of the supervisory status and other specific information as to supervisee's qualifications and functions.

3. Billing and receipt of payment is the responsibility of the employing agency or the licensed psychologist. The setting and the psychological work performed shall be clearly identified as that of the licensed psychologist. The physical location where services are delivered may not be owned, leased, or rented by the supervisee.

4. The supervisor must be paid either directly by the client or by the agency employing the supervisee. The supervisee may not pay the supervisor for supervisory services, nor may the supervisee and/or his/her immediate family have any financial interest in the employing agency.

5. The supervising psychologist is responsible for the maintenance of information and files relevant to the client. The client shall be fully informed, to whatever extent is necessary for that client to understand, that the supervising psychologist or the employing agency is to be the source of access to this information in the future.

D. In the event the supervisee publicly represents himself/herself inappropriately, or supervision is not conducted according to LAC 46:LXIII.709, the board may rule that any experience gained in that situation is not commensurate with ethical standards and thus not admissible as experience toward licensure. The board may further rule that any psychologist providing supervision under those circumstances is in violation of ethical standards which results in disciplinary action such as suspension or revocation of licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981).

§711. Evaluation and Accreditation of Supervised Practice

A. The board shall require submission of information by the supervisor(s) which will enable it to evaluate and credit the extent and quality of the candidate's supervised practice. The form requesting such information shall cover the following:

1. name of supervisee;
2. educational level of supervisee;
3. supervisor's name, address, license number, date and state in which granted, and area of specialization;
4. name and nature of setting in which supervised practice took place;
5. dates of practice covered in this report;
6. number of practice hours during this period;
7. supervisee's duties;
8. number of one-to-one supervisory hours.

B. Assessment of Supervisee's Performance

1. The board may also require the supervisee to submit reports.

2. Supervised practice time during which the supervisor deems the supervisee's performance to have been unacceptable shall not be credited toward the required supervised practice hours.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:249 (August 1979), amended LR 7:187 (April 1981).

Chapter 8. Continuing Education

§801. Preface

A. Pursuant to R.S. 37:2357.B, each licensed psychologist is required to complete 30 clock hours, of acceptable continuing education within biennial reporting periods. The continuing education requirements of psychologists are designed to promote their continued familiarization with new developments within the profession. Continuing education offerings shall be at the graduate or post graduate level in terms of content, quality, organization, and presentation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:769 (September 1990), amended LR 19:46 (January 1993).

§803. Requirements

A. Each psychologist is required to complete 30 clock hours of continuing education within the biennial reporting period.

B. Two of the above 30 clock hours must be within the area of ethics and/or forensic issues.

C. Licensees can accumulate continuing education clock hours in two main ways.

1. Continuing education activities conducted under the sponsorship of an acceptable institution or organization (see LAC 46:LXIII.805). The number of clock hours claimed are counted as specified by the sponsor. If the continuing education was awarded in Continuing Education Units (CEUs), these will be converted to clock hours at a one to ten (1:10) ratio. Example: 1.5 CEUs = 15 clock hours.

2. Registered attendance at a professional meeting, conference, or convention which lasts one full day or longer. Each such meeting conference or convention may be counted as three clock hours, but no more than 12 clock hours may be earned this way per biennial period.

D. Acceptable continuing education activities are defined as:

1. formally organized and planned instructional experiences;
2. programs which have objectives compatible with the post doctoral educational needs of the licensed psychologist;
3. professional meetings, conferences, or conventions lasting one full day or longer which are designed to promote professional development.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993).

§805. Acceptable Sponsorship, Offerings and Activities

A. Accredited institutions of higher education.

B. Veterans administration hospitals which have approved Regional Medical Continuing Education Centers.

C. Veterans administration hospitals which have APA approved doctoral internship training programs.

D. National, regional, or state professional associations, or divisions of such associations, which specifically offer graduate or post doctoral continuing education training.

E. Activities (including home study courses) offered by the APA (American Psychological Association).

F. Activities sponsored by the Board of Examiners of Psychologists.

G. Activities sponsored by the Louisiana Office of Citizens with Developmental Disabilities or the Louisiana Office of Mental Health, and approved by the chief psychologist of the sponsoring state office.

H. Licensees can earn CE hours equal to six times the credit hours granted students for the preparation and teaching of a graduate level psychology course in an accredited institution of higher education. This CE credit may be claimed only once for a course. Subsequent teaching of the same course will not qualify for CE credit.

I. Licensees can earn CE hours equal to four times the CE hours given participants for the preparation and presentation of a workshop which has an acceptable sponsor and otherwise meets the criteria for acceptable continuing education. This CE credit may be claimed only once for the initial presentation of a workshop. Repeated presentations of the same or similar workshops will not qualify for CE credit.

J. If continuing education is taught by more than one person, the number of hours earned by each shall be equal to the number that would be earned if taught by a sole presenter divided by the number of presenters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR 19:46 (January 1993), LR 22:1131 (November 1996), LR 25:1098 (June 1999).

§807. Unacceptable Offerings and/or Activities

A. The board will not recognize the following activities as fulfilling the continuing education requirements, even though such activities may be valuable for other professional purposes:

1. holding organizational or professional offices or performing editorial responsibilities by the licensee;
2. participating in or attending case conferences, grand rounds, informal presentations, or general continuing education programs sponsored by private and/or local hospitals;

3. participating in general continuing education programs sponsored only by divisions of continuing education or conferences and institutes without the sponsorship of university graduate training departments;

4. participating in informal self-study, self-selected reading, journal clubs, and/or audio/video tape review not awarded APA Category I continuing education credit;

5. personal psychotherapy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 16:770 (September 1990), amended LR19:47 (January 1993), LR 25:1098 (June 1999).

§809. Reporting Requirements

A. Report Form. Each psychologist shall, in typewritten form, complete the continuing education report provided by the board. The board will routinely distribute the report form along with its license renewal form.

B. Signature. By signing the report form, the licensee signifies that the report is true and accurate.

C. Documentation. Each licensee shall retain corroborative documentation of their continuing education for two years. Although this documentation is not routinely required as part of the licensee's submission, the board may, at its discretion, request such documentation. Any misrepresentation of continuing education will be cause for disciplinary action by the board.

D. Biennial Reporting Period. Psychologists holding even numbered licenses must submit to the board, in even numbered years, their continuing education report along with their license renewal form. Psychologists holding odd numbered licenses must submit to the board, in odd numbered years, their continuing education report along with their license renewal form. Continuing education reports shall be due July 1, and considered delinquent at the close of business July 31, in the year in which their continuing education is due.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993).

§811. Extensions/Exemptions

A. Licensees on extended active military service outside the state of Louisiana during the applicable reporting period and who do not engage in delivering psychological services within the state of Louisiana may be granted in extension or an exemption if the board receives a timely confirmation of such status.

B. Licensees who are unable to fulfill the requirement because of illness or other personal hardship may be granted an extension or an exemption if timely confirmation of such status is received by the board.

C. Newly licensed psychologists are exempt from continuing education requirements for the remainder of the year for which their license is granted.

D. Licensees approved by the board for emeritus status are exempted from the continuing education requirements.

E. Licensees who are unable to comply with continuing education requirements due to unusual circumstances may petition to have their cases reviewed (i.e., extended medical illness) on an individual basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2354.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993).

§813. Noncompliance

A. Noncompliance shall include, in part, incomplete reports, unsigned reports, failure to file a report, and failure to report a sufficient number of acceptable continuing education credits as defined in LAC 46:LXIII.803.

B. Failure to fulfill the requirements of the continuing education rule shall cause the license to lapse pursuant to R.S. 37:2357.

C. The State Board of Examiners of Psychologists shall serve written notice of noncompliance on a licensee determined to be in noncompliance. The notice will invite the licensees to request a hearing with the board or its representative to claim an exemption or to show compliance. All hearings shall be scheduled within 30 days of the date of notice of noncompliance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993).

§815. Reinstatement

A. For a period of two years from the date of lapse of the license, the license may be renewed upon proof of fulfilling all continuing education requirements applicable through the date of reinstatement and upon payment of all fees due under R.S. 37:2357.

B. After a period of two years from the date of lapse of the license, the license may be renewed by passing a new oral examination before the board, and payment of a fee equivalent to the application fee and renewal fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:47 (January 1993).

Chapter 9. Licenses

§901. Renewal of Lapsed Licenses

A. If the licensee is not renewed by the end of July, due notice having been given, the license shall be regarded as lapsed for the year beginning with that July. Such lapsed license shall not be listed in the directory.

B. in accordance with R.S. 37:2354.C, within two years of the lapsing of such license, the license may be restored upon payment of a reinstatement fee equal to the current application fee and the current renewal fee.

C. After two years of the lapsing of such license, the license may be restored to active status by the payment of a reinstatement fee equal to the current application fee and the current renewal fee provided that the person is in compliance with R.S. 37:2357.A and the rules and regulations of the board.

D. The person shall not practice psychology in Louisiana while the license is lapsed.

E. A lapsed license shall be reinstated as of the date all applicable requirements of R.S. 37:2357 have been met. However, the board retains the right to reinstate licenses retroactively in unusual circumstances as specified in the policy and procedures of the LSBEP.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2357.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:489 (August 1980), amended LR 10:795 (October 1984), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 29:2074 (October 2003).

Chapter 11. Supervision of Unlicensed Assistants in Providing Psychological Services

§1101. Conditions for Utilization of Assistants

A. Unlicensed assistants providing psychological services must be under the direct and continuing professional supervision of a licensed psychologist.

B. In order to maintain ultimate legal and professional responsibility for the welfare of every client, a licensed psychologist must be vested with functional authority over the psychological services provided by unlicensed assistants.

C. Supervisors shall have sufficient contact with clients, and must be empowered to contact any client in order to plan effective and appropriate services and to define procedures. They shall also be available for emergency consultation and intervention.

D. Work assignments shall be commensurate with the skills of the assistant and procedures shall under all circumstances be planned in consultation with the supervisor.

E. The supervisory contact with assistants shall occur in the service delivery setting, unless otherwise approved by the board of examiners.

F. Public announcement of fees and services and contact with lay or professional public shall not be offered in the name of the unlicensed assistant.

G. Billing for psychological services shall not be in the name of an unlicensed assistant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:250 (August 1979).

§1103. Responsibilities of Supervisors

A. The supervisor is accountable for the planning, course and outcome of the work. The conduct of supervision shall insure the welfare of the client, and the ethical and legal protection of the assistant.

B. The supervisor shall establish and maintain a level of supervisory contact consistent with professional standards insuring the welfare of clients seen by the assistant, as well as sufficient contact so as to be accountable in the event that ethical or legal issues are raised.

1. There shall be one hour per week as a minimum for supervisory contact. Exceptions to this requirement must have prior approval of the board.

2. It is likely that more than one hour per week would be required for assistants of lesser experience.

3. The supervisor shall limit the number of assistants supervised so as to insure the above.

4. The supervisor shall be available for emergency consultation at the request of the assistant.

C. The supervisor shall have competence in the specific area of practice in which supervision is being given.

D. An ongoing records of supervision shall be maintained which details the types of activities in which the assistant is engaged and the level of competence in each. This record shall be kept in such form as may be prescribed by the board.

E. Neglect in maintaining the above standards of practice may result in suspension or revocation of the supervisor's license to practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 5:250 (August 1979).

Chapter 13. Ethical Standards of Psychologists

§1301. Ethical Principles and Code of Conduct

A. The Board of Examiners of Psychologists incorporates by reference and maintains that Psychologists shall follow the APA Ethical Principles of Psychologists and Code of Conduct as adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and made effective beginning June 1, 2003. The Ethics Code and information regarding the code can be found on the APA web site, <http://www.apa.org/ethics>, or from the LSBEP web site at <http://www.lsbep.org>.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:66 (February 1980), amended LR 10:791 (October 1984), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 29:703 (May 2003).

Chapter 15. Rules for Disciplinary Action

Subchapter A. Applicability; Processing Complaints

§1501. Applicability

A. These rules shall be applicable to any action of the Louisiana State Board of Examiners of Psychologists (board) to withhold, deny, revoke or suspend any psychologist's license on any of the grounds set forth in R.S. 37:2360 or under any other applicable law, regulation or rule.

B. These rules shall not be applicable to the licensure of psychologists pursuant to R.S. 37:2356, unless licensure is denied on one of the grounds set forth in R.S. 37:2360.

C. Unless otherwise provided by law, the board may delegate its authority and responsibility under these rules to a committee of one or more board members, to a hearing officer, or to other persons.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:461 (July 1983), amended LR 12:833 (December 1986).

§1503. Complaints

A. A complaint is defined as the receipt of any information by the board indicating that there may be grounds for disciplinary action against a psychologist under the provisions of R.S. 37:2360 or other applicable law, regulation or rule.

B. Complaints may be initiated by the board, by any licensed psychologist or by any other person.

C. Upon receipt of information of a possible violation, the board may initiate and take such action as it deems appropriate.

D. Upon receipt of complaints from other persons, the board will forward its complaint form. Ordinarily, the board will not take additional action until the form is satisfactorily completed.

1. Except under unusual circumstances, the board will take no action on anonymous complaints.

2. If the information furnished in the written complaint form is not sufficient, the board may request additional information before further consideration of the complaint.

E. All complaints received shall be assigned a sequentially ordered complaint code which shall be utilized in all official references.

F. The board shall determine whether the complaint warrants further investigation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:461 (July 1983), amended LR 12:833 (December 1986).

§1505. Investigation

A. If the board determines that a complaint warrants further investigation, the board shall notify the licensee or applicant against whom the complaint has been made (hereinafter referred to as "respondent"). The notice to the respondent shall include the following:

1. notice that a complaint has been filed;
2. a short and plain statement of the nature of the complaint;
3. a reference to the particular sections of the statutes, rules or ethical standards which may be involved;
4. copies of the applicable laws, rules and regulations of the board; and
5. a request for cooperation in obtaining a full understanding of the circumstances.

B. The respondent shall provide the board, within 30 days, a written statement giving the respondent's view of the circumstances which are the subject of the complaint.

C. The board may conduct such other investigation as it deems appropriate.

D. During the investigation phase, the board may communicate with the complainant and with the respondent in an effort to seek a resolution of the complaint satisfactory to the board without the necessity of a formal hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 12:833 (December 1986).

Subchapter B. Conduct of Formal Hearing

§1511. Formal Hearing

A. If, after completion of its investigation, the board determines that the circumstances may warrant the withholding, denial, revocation or suspension of a psychologist's license, the board shall initiate a formal hearing.

B. The formal hearing shall be conducted in accordance with the adjudication procedures set forth in the Louisiana Administrative Procedure Act (R.S. 49:950 et seq.).

C. Upon completion of the adjudication hearing procedures set forth in the Louisiana Administrative Procedure Act, the board shall take such action as it deems appropriate on the record of the proceeding. Disciplinary action under R.S. 37:2359 requires the affirmative vote of at least four of the members of the board.

D. The form of the decision and order, application for rehearing and judicial review shall be governed by the provisions of the Louisiana Administrative Procedure Act.

E. The board shall have the authority at anytime to determine that a formal hearing should be initiated immediately on any complaint. The complaint and investigation procedures set forth above shall not create any due process rights for a respondent who shall be entitled only to the due process provided under the Louisiana Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:461 (July 1983), amended LR 12:833 (December 1986).

§1513. Impaired Psychologist Procedure

A. At any time during the investigation and hearing process, the board, at its sole discretion, shall have the authority to offer the respondent the opportunity to participate in the impaired psychologist procedure.

B. If the board determines that a respondent should be offered the opportunity to participate in the impaired psychologist procedure, the board shall give written notice to the respondent of the following two options.

1. The respondent may acknowledge "impairment" in a form provided by the board, and submit to evaluation and treatment as set forth below.

2. The respondent may reject the opportunity to participate in the impaired psychologist procedure, and the board will continue to process the complaint in accordance with the procedures set forth above.

C. If the respondent elects to participate in the impaired psychologist procedure, disciplinary action against the respondent shall be suspended so long as respondent cooperates fully in his/her evaluation and treatment as set forth below.

D. The impaired psychologist procedure shall include the following.

1. The respondent shall acknowledge his/her "impairment" on a form provided by the board, and the respondent shall agree to submit to an evaluation.

2. The respondent may be required to provide the board with proof that he/she has arranged appropriate referrals of patients or that he/she is receiving supervision from another psychologist who is aware of the impairment.

3. The respondent shall submit to an evaluation by an appropriate professional selected by the board. Unless waived by the board and the respondent, the evaluator shall

not be either an associate of or a professional in direct competition with the respondent, and the evaluator will not treat the respondent if the evaluation yields positive findings. The respondent must agree to pay the evaluator for the evaluation.

4. The evaluator will be requested to render an opinion within 24 hours of the evaluation regarding whether the respondent appears to be impaired by some condition which may benefit from intervention. Such impairment is defined to include only the Axis I and/or Axis III diagnosis of the current Diagnostic and Statistical Manual of Mental Disorders. (Presently that manual is the Third Edition and will hereinafter be referred as DSM 111.) As subsequent Diagnostic and Statistical Manuals are anticipated, Axis I diagnoses are operationally defined as "Clinical Syndromes, Conditions not Attributable to a Mental Disorder that are a Focus of Attention or Treatment, and Additional Codes,"* and Axis III diagnoses are operationally defined as "Physical Disorders and Conditions"* (*American Psychiatric Association; Desk Reference to the Diagnostic Criteria from Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Washington, D.C., APA, 1982, page 5).

5. If the above respondent is found not to be impaired as defined above, the impaired psychologist procedure is terminated, and the board may renew disciplinary action.

6. If the respondent is found to be impaired as defined above the respondent shall have the option of undergoing treatment provided by a qualified professional. The treatment plan must be approved by the board, and may include the protections set forth in LAC 46:LXIII.1513.D.2. The treatment plan and protections may be revised from time to time as permitted or required by the progress of the respondent. Treatment will be at the expense of the respondent.

7. If the respondent rejects the recommendation for treatment or fails to cooperate fully with a treatment plan and other protections approved by the board (including any revisions thereof), disciplinary action may be renewed.

8. Upon successful completion of the treatment plan, based upon such reasonable evaluation as the board may require and upon determination that the respondent has the status and ability to function professionally without supervision, the disciplinary action based upon the former complaint shall be terminated, and no further action shall be taken with respect to that complaint.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:462 (July 1983), amended LR 12:834 (December 1986).

§1515. Informal Hearing Procedures

A. The board shall conduct informal hearings in executive session in accordance with the following.

1. It is expected that the licensee not have an attorney or other advisors present, although it is his right to do so.

2. Witnesses may be called, but are not placed under oath and no subpoenas are issued.

3. Statements made at the informal hearing may not be introduced at a formal hearing unless all parties consent.

4. No transcript of the informal hearing is made.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:462 (July 1983).

§1517. Evaluating the Findings of the Informal Hearing

A. If the board decides that the subject of the complaint is a violation of the standards, and that disciplinary proceedings are warranted, the board shall then determine whether:

1. the violation merits informal disposition; or
2. a formal hearing will be held.

B. The board, in determining for informal disposition, shall order actions such as:

1. a settlement between the person making the complaint and the licensee. This settlement shall be written, signed by the licensee and the complainant and submitted to the board within 30 days of the informal hearing;

2. a consent order describing the disciplinary action which will be taken. A consent order shall be signed by the licensee, the chairman and the vice-chairman of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:462 (July 1983).

§1519. Refusal to Respond or Cooperate with the Board

A. If the licensee does not respond to the original inquiry within 30 days a follow-up letter shall be sent to the licensee by registered or certified mail, return receipt requested.

B. If the licensee refuses to reply to the board's inquiry or otherwise cooperate with the board, the board shall continue its investigation. The board shall record the circumstances of the licensee's failure to cooperate and shall inform the licensee that the lack of cooperation may result in action which could eventually lead to suspension or revocation of license, or other appropriate legal action under the law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:462 (July 1983).

§1521. Withdrawal of a Complaint

A. If the complainant wishes to withdraw the complaint, the inquiry is terminated, except in cases where the board judges the issues to be such importance as to warrant completing the investigation on its own right and in the interest of public welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:461 (July 1983).

§1523. Authority to Obtain Restraining Order

A. If, at any point in the informal proceedings described above, the board finds that public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, the board is hereby given authority to obtain a restraining order from a judge of the appropriate court to suspend the license pending formal hearing proceedings for revocation of license or other disciplinary action. This formal hearing shall be promptly instituted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:462 (July 1983).

Subchapter C. Conduct of a Formal Hearing

§1531. Initiating the Process

A. The board initiates a formal hearing by issuing full notice of the hearing. A formal hearing may be the result of a complaint made by any manner specified in the informal procedures.

B. Once full notice of the formal hearing has been served, no board member or officially designated hearing officer may communicate with any party to a formal hearing or to that party's representative concerning any issue of fact or law involved in that formal hearing.

C. Full Notice

1. The written notice shall recite specific acts which the licensee is alleged to have committed and shall assert that those acts violate a statute or rule of the board.

2. The notice shall include:

- a. a statement of the date, time, place, and nature of the hearing;
- b. a statement of the legal authority and jurisdiction under which the hearing is to be held;
- c. a reference to the particular sections of the statutes, rules or ethical standards involved;
- d. a short and plain statement of the matters asserted which shall be the subject of the hearing;
- e. a statement of the rights of the parties.

3. Notice shall be given to all parties 30 days in advance of the proceedings to allow a reasonable opportunity for preparation.

4. The notice shall be delivered by registered or certified mail, return receipt requested. If the licensee cannot be found by this or other reasonable methods, the board may hold a hearing in the licensee's absence.

NOTE: It is the licensee's obligation to keep the board informed of his/her whereabouts.

5. The content of the notice limits the scope of the hearing and of the evidence which may be introduced.

6. If the agency or other party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter, upon application, a more definite and detailed statement shall be furnished.

D. Designation of Hearing Officer

1. The hearing officer is responsible for ensuring that the hearing is orderly and fair and that it progresses in an expeditious manner. This officer is empowered to prepare written findings of fact and conclusions which shall be recommended to the board.

2. The board shall designate a hearing officer by affirmative vote of three of its members.

3. The hearing officer shall be unbiased and qualified to preside over the case. A designated hearing officer shall withdraw when that officer cannot accord a fair and impartial hearing or consideration.

4. Any party may request the disqualification of a hearing officer on the ground of inability to give a fair and impartial hearing by filing an affidavit (which states the specific grounds) within three days of receipt of notice of the designation of the hearing officer. The issue shall be determined promptly by the board.

5. The hearing officer shall not be a current member of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:462 (July 1983).

§1533. Depositions; Evidence; Subpoenas

A. Discovery

1. Depositions and interrogatories of witnesses may be taken and shall be admissible in the proceedings.

2. Evidence which was not made available to both parties at least five days in advance may be barred from introduction.

3. Evidence not within the scope of the notice may be excluded.

4. When the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

5. Documentary evidence in possession of the board may be received in the form of copies or excerpts, or by incorporation by reference.

6. Official notice may be taken of generally recognized technical or scientific psychological facts. However, parties shall be afforded an opportunity to contest the material so noticed.

B. Subpoenas. The Louisiana Department of Justice *Disciplinary Action Manual for Occupational Licensing Boards* by William J. Guste, attorney general, Section 10. 2:

Subpoena Authority: Boards are empowered by statute to issue subpoenas, and in Louisiana, the statutes allow the board to issue a subpoena when requested in writing by any party in a contested case.

Either side in a contested hearing may request that a subpoena be issued. It is generally required that the information called for by a subpoena must be reasonable in terms of the amount required and that it must relate to the matter under consideration. A subpoena *duces tecum* should be reasonable in scope and should be limited to documentary material that is relevant to the proceeding.

1. The board, or its designated hearing officer, may sign and issue subpoenas when requested in writing by any party to a contested case.

2. The information called for by a subpoena shall be reasonable and shall relate to the matter under consideration.

3. Investigative subpoenas are issued at the discretion of the hearing officer.

4. If the person fails to comply with a subpoena, the board may apply to the judge of the appropriate district court for an attachment as for a contempt.

C. Motions

1. A request to the board or the hearing officer by a party for a particular action should be made in the form of a motion.

2. A motion may be made before, during or after a hearing.

3. All motions must be made at an appropriate time.

4. Motions made before or after the hearing shall be made in writing. Motions made during the course of the hearing may be made orally.

5. Motions are directed to the hearing officer who shall dispose of them appropriately.

6. A party may not submit written proposed findings of fact.

7. The hearing officer may refer a motion to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:463 (July 1983).

§1535. Formal Hearing Procedures

A. Conduct of the Hearing

1. The members of the board shall be present for the hearing.

2. The hearing will be conducted in accordance with the Administrative Procedure Act, R.S. 49:955-966.

a. Opportunity shall be afforded all parties to respond and present evidence on all issues of fact involved and argument on all issues of law and policy involved and to conduct such cross-examination as may be required for a full and true disclosure of the facts.

b. Objections to evidentiary offers may be made and shall be noted in the record.

3. The hearing will be open to the public.

B. Order of Proceedings

1. The hearing officer calls the session to order, identifies the case, subject of the case and cites the authority for holding the hearing.

2. The hearing officer asks the parties to identify themselves and their counsel.

3. All testimony shall be given under oath, such oath to be administered by the hearing officer.

4. Customary order of the proceedings should be followed at the discretion of the hearing officer.

C. Evidence

1. In determining the admissibility of evidence, the hearing officer must follow the rules governing administrative hearings in Louisiana.

2. Constitutional guarantees of due process give the licensee a right to a decision based on evidence presented at the hearing. The hearing officer preparing the recommended decision shall only consider evidence presented at the hearing or officially noted in the record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:463 (July 1983).

§1537. The Final Decision of the Board

A. The board must determine whether the facts in the case support the charges brought against the licensee. It must determine whether the charges are a violation of R.S. 37:2351-67, the ethical standards of psychologists or other rules and regulations of the board.

B. The board accepts a proposed order from the hearing officer setting forth the findings of facts and conclusions of the hearing. The board may adopt such findings and conclusions in whole or in part. Any board members not present at the hearing must review the record prior to such decision.

C. The decision must be accompanied by a statement of the reasons for the decision and must dispose individually of each issue of fact or law necessary from the hearing officer.

D. The board's decision shall be based on the evidence and the proposed decision from the hearing officer.

E. The vote of the board must be recorded and made a part of the decision. A majority vote must be obtained in order for an ethics violation to be judged to have occurred.

F. The board determines the sanctions appropriate and consistent with law. The board may decide rather than to revoke or suspend a license, to censure the licensee. The vote for censure is a majority vote.

G. The final decision shall be delivered to each party by registered or certified mail, return receipt requested.

H. The final decision shall be delivered within 30 days of the close of the hearing.

1. The final decision shall become effective 11 days after the receipt of notification of all parties, provided that there is no appeal. Publication shall be withheld until that date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:463 (July 1983).

§1539. Appeal of Board Decision

A. A petition by a party for reconsideration of hearing must be in writing and filed with the board within 10 days after the receipt of the board's final decision. The petition must set forth the grounds for the rehearing which must be one of the following:

1. the board's decision is clearly contrary to the law and the evidence;

2. there is newly discovered evidence, which was not available to the licensee at the time of the hearing and which may be sufficient to reserve the board's action;

3. there is a showing that issues not previously considered ought to be examined in order to dispose of the case properly; or

4. it would be in the public interest to further consider the issues and the evidence.

B. If a petition for reconsideration is denied, a party may proceed to seek judicial review of the decision.

C. Judicial review may be initiated by filing a petition in the appropriate district court within 30 days after mailing of notice of the final decision of the hearing or rehearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:461 (July 1983).

§1541. Case Record

A. A complete case record must be maintained for each formal hearing.

B. The record must be retained until the time for any appeal has expired, or until the appeal has been concluded.

C. The case record shall be composed of all material officially noted.

D. A transcript of the record shall be maintained.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:464 (July 1983).

§1543. Notification of Final Actions

A. Upon either completion of the final decision, expiration of the time for any appeal, or conclusion of appeals, the board shall notify the following of its actions:

1. all licensed psychologists;
2. all affected parties; and
3. all affected professional organizations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 9:464 (July 1983).

Chapter 17. Specialty Titles**§1701. Definition of Practice of Psychology**

A. The definition of the practice of psychology, as contained in R.S. 37:2352(5), is a generic description, individuals certified under the provisions of R.S. 37:2351-2367 are licensed to practice psychology in accordance with that statute and the rules and regulations of the board adopted under the provisions of state statute.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980).

§1702. Definition of Psychological Testing, Evaluation and Assessment

A. As contained in R.S. 37:2352(5), the practice of psychology includes, but is not limited to, psychological testing and evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning. The Board of Examiners of Psychologists finds it necessary to formally define psychological testing in order to protect the people of this state from the unlawful, unqualified and improper use of psychological tests. The intent of this rule is to provide a definition of psychological testing sufficient to allow this board to effectively regulate this aspect of psychological practice. The Board of Examiners of Psychologists recognizes that, except as otherwise provided by law, psychological testing may only be administered and interpreted by a person duly licensed as a psychologist by this board under R.S. 37:2351 et seq., or by a person under the direct supervision of a psychologist, provided that such supervision is in compliance with the regulations of this board.

B. Nothing in these regulations should be interpreted or construed as to limit or restrict the practice of physicians duly licensed to practice medicine by the Board of Medical Examiners. Also, nothing in this rule should be construed as having application to any persons licensed or certified under other laws of this state when acting within the legal scope of such licensure or certification in rendering services as expressly set forth under those relevant statutes.

C. Psychological testing, evaluation or assessment hereinafter referred to as "psychological testing," is defined as the administration and/or interpretation of measurement instruments, devices, or procedures for the purpose of treatment planning and/or diagnosis, classification or description of mental and emotional disorders and disabilities, disorders of personality or behavior, psychological aspects of physical illness, accident, injury or disability and neuropsychological impairment. The use of computerized psychological assessment procedures is also included in scope of this regulation.

D. Psychological testing explicitly includes the following three areas:

1. intellectual—which includes those normative-based individually administered instruments used to measure cognitive functions such as abstract reasoning, fund of knowledge and problem solving;

2. personality and emotional—which includes those normative-based instruments used to measure both trait and state aspects of personality and emotional characteristics and functioning;

3. neuropsychological—which includes those normative-based instruments used to make inferences about brain and behavior relationships. These relationships include, but are not limited to, sensorimotor functioning, attention and concentration skills, memory functioning, language function, concrete and abstract problem solving, and measures of cognitive flexibility and creativity;

E. Notwithstanding any provisions herein to the contrary, psychologists as well as other appropriately licensed or certified professionals may also administer or use tests of language, educational and achievement tests, adaptive behavioral tests, and symptom screening checklists or instruments, as well as tests of abilities, interests, and aptitudes. The administration and interpretation of these tests is not exclusively within the scope of this regulation.

F. Psychological testing within the independent practice of psychology must be performed in accordance with the requirements of LAC 46:LXIII.Chapter 13, Ethical Standards of Psychologists. The ability to competently interpret psychological testing assumes a doctoral degree in psychology with formal academic training in statistics, test construction, sampling theory, tests and measurement, individual differences, and personality theory. In addition, the interpretation of psychological tests for treatment planning, diagnostic, classification, or descriptive purposes assumes formal doctoral level academic training in the areas of abnormal psychology, psychopathology, psychodiagnosis and, in the case of neuropsychological diagnosis, additional formal training and/or demonstrated competence in the field of clinical neuropsychology. All training must be supervised by a licensed psychologist and must include formal supervised practical experience and internship training, when appropriate, involving the use of psychological tests with different patient populations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:496 (April 1993).

§1705. Use of Specialty Title

A. The use of any specialty title must be consistent with the board's "ethical standards" and with such additional standards as may be designated by other, professional but nonstatutory, boards which certify the use of such specialty titles by individuals who present appropriate qualifications to them.

B. The term "specialty" refers to an area within the profession of psychology which can be identified on the basis of a history and tradition of service, research, and scholarship to have a body of knowledge and a set of skills related to that knowledge base, and which is discriminably different from other such specialties.

C. "Special proficiency" recognizes the mastery of a special skill, special technique, or an in-depth knowledge of the needs of a specific population or problems of a specific setting. Such special proficiencies are not unique to any one specialty of psychology, and also may not be unique to the profession of psychology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980).

§1707. List of Specialties

A. As a service to both the public and those individuals licensed by the board, the board offers the opportunity for registering the licensee's area of competence, education, training, and experience within a limited list of recognized "specialties," as defined in §1705.B above. The board does not maintain a list of "special proficiencies," as defined in §1705.C above.

B. Those specialties which are currently recognized by the board are: clinical, clinical neuropsychology, counseling, school, educational, developmental, experimental, industrial-organization, and social.

C. The non-registration of such specialties shall not prevent licensed providers of psychological services from using the methods or dealing with the populations of any specialty, so long as the provision of such services is in accordance with the board's rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 19:1423 (November 1993).

§1709. Meeting Standards of Training and Credentials

A. For the registration of a specialty in an applied area of psychology, at the time the license is granted, the candidate must meet the standards described in the board's rules on

"Training and Credentials," Chapter 3. Such supervised training experiences must be supported by appropriate graduate level education, as described in the board's rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980).

§1711. Registration after Licensure

A. The registration of each additional specialty or the registration of a specialty after licensure must meet all criteria described above, including both appropriate graduate or postgraduate education and appropriate supervised training experiences.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:602 (October 1980).

Chapter 19. Public Information

§1901. Public Display of License

A. The license of the psychologist shall be publicly displayed in the office where services are offered. When a psychologist works in two or more settings, the license should be publicly displayed in the primary office location.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 15:88 (February 1989).

§1903. Public Display of Board's Address

A. There shall at all times be prominently displayed in the place(s) of business of each licensee regulated under this law the official sign provided by the board containing the name, mailing address, and telephone number of the board along with the following statement:

BE IT KNOWN THAT THE LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS RECEIVES QUESTIONS REGARDING THE PRACTICE OF PSYCHOLOGY.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 15:87 (February 1989), amended LR 22:980 (October 1996).

Chapter 21. Disclosure of Financial Interests and Prohibited Payments

§2101. Scope and Purpose of Chapter

A. The rules of this Chapter interpret, implement and provide for the enforcement of R.S. 37:1744 and R.S. 37:1745 requiring disclosure of a psychologist's financial interest in another health care provider to whom or to which the psychologist refers a patient, and prohibiting certain payments in return for referral or soliciting patients.

It is the purpose of these rules to prevent payments by or to a psychologist as a financial incentive for the referral of patients to a psychologist or other health care provider for diagnostic or therapeutic services or items. These rules should be interpreted, construed and applied so as to give effect to such purposes and intent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2103. Definitions

A. For the purpose of this Chapter, the following terms are defined as follows:

Board—the Louisiana State Board of Examiners of Psychologists.

Financial Interest—a significant ownership or investment interest established through debt, equity or other means and held, directly or indirectly, by a psychologist or a member of the psychologist's immediate family, or any form of direct or indirect remuneration of referral.

Group Practice—a group of two or more psychologists, operating in whole or in part as psychologists, legally organized as a general partnership, registered limited liability partnership, professional psychological corporation, limited liability company, foundation, nonprofit corporation or similar organization or association, including a faculty practice plan.

Health Care Item—any substance, product, device, equipment, supplies or other tangible good or article which may be used or is useful in the provision of health care.

Health Care Provider—any person licensed by a department, board, commission or other agency of the state of Louisiana to provide, or which does in fact provide, preventative, diagnostic, or therapeutic health care services or items.

Immediate Family—as respects a psychologist, the psychologist's spouse, children, grandchildren, parents, grandparents and siblings.

Investment Interests—a security issued by an entity, including, without limitation, shares in a corporation, interests in or units of a partnership, bonds, debentures, notes or other debt instruments.

Payment—the tender, transfer, exchange, distribution or provision of money, goods, services or anything of economic value.

Person—a natural person or a partnership, corporation, organization, association, facility, institution or any governmental subdivision, department, board, commission or other entity.

Psychologist—any individual licensed to practice psychology by the Louisiana State Board of Examiners of Psychologists.

Psychologist Applicant/Candidate—a graduate of an approved doctoral program in psychology who has applied to the board for licensure and who is practicing under the supervision of a licensed psychologist under applicable provisions of LAC Title 46, Part LXIII.

Referral—any direction, recommendation or suggestion given by the psychologist to a patient, directly or indirectly, which is likely to determine, control or influence the patient's choice of another health care provider for the provision of health care services or items.

Remuneration for Referral—any arrangement or scheme, involving any remuneration, directly or indirectly, in cash or in kind, between a psychologist, or an immediate family member of such psychologist, and another health care provider which is intended to induce referrals by the psychologist to the health care provider or by the health care provider to the psychologist, other than the amount paid by an employer to an employee who has a bona fide employment relationship with the employer, for employment in the furnishing of any health care item or service.

B. Construction. As used here and after in this Chapter, the term *psychologist* is deemed to likewise incorporate psychologist applicant/candidate as defined herein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

Subchapter A. Disclosure of Financial Interest in Third-Party Health Care Providers

§2105. Required Disclosure of Financial Interests

A. **Mandatory Disclosure.** The psychologist shall not make any referral of a patient outside of the psychologist's group practice for the provision of health care items or services by any health care provider in which the referring psychologist has a significant financial interest unless, in advance of such referral, the referring psychologist discloses to the patient, in accordance with relative provision of this Chapter, the existence and nature of financial interests.

B. **Definition: Significant Ownership or Investment Interest.** For the purpose of these regulations, an ownership or investment interest shall be considered "significant" within the meaning of §2105.A, if such interest satisfies any of the following tests:

1. such interests, in dollar amount or value, represents 5 percent or more of the gross assets of the health care provider in which an interest is held;
2. such interest represents 5 percent or more of the voting securities of the health care provider in which such interest is held.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2107. Prohibited Arrangements

A. Any arrangement or scheme including cross referral arrangements, which the psychologist knows, or should know has a principal purpose of ensuring or inducing referrals by the psychologist to another health care provider which, if made directly by the psychologist, would be a violation of §2105 shall be deemed a violation of §2105.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2109. Form of Disclosure

A. Required Contents. The disclosure required by §2105 of this Chapter shall be made in writing, shall be furnished to the patient, or the patient's authorized representative, prior to or at the time of making the referral, and shall include:

1. the psychologist's name, address and phone number;
2. the name and address of the health care provider to whom the patient is being referred by the psychologist;
3. the nature of the items or services which the patient is to receive from the health care provider to which the patient is being referred; and
4. the existence and nature of the psychologist's financial interest in the health care provider to whom or to which the patient is being referred.

B. Permissible Contents. The form of disclosure required by §2105 of this Chapter may include a signed acknowledgment by the patient or the patient's authorized representative that the required disclosure has been given.

C. Approved Form. Notice to a patient given substantially in the form of Disclosure of Financial Interest, found at the end of this Chapter, shall be presumptively deemed to satisfy the disclosure requirements of this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

Subchapter B. Illegal Payments

§2111. Prohibition of Remuneration for Referrals

A. A psychologist shall not knowingly or willfully make or offer to make any payment, directly or indirectly, overtly or covertly, in cash or in kind, to induce another person to refer an individual to the psychologist for the furnishing or arranging of the furnishing of any health care item or service.

B. A psychologist shall not knowingly or willfully solicit, receive or accept any payment, directly or indirectly, overtly or covertly, in cash or in kind, or in return for referring a patient to a health care provider for the furnishing or arranging for the furnishing of any health care item or service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2113. Exceptions

A. A Proportional Return on Investment. Payments or distributions by any entity representing a direct return on investment based upon a percentage of ownership shall not be deemed a payment prohibited by R.S. 37:1745.B or by §2111 of these rules provided that:

1. the amount of payment to an investor in return for the investment interest is directly proportional to the amount or value of the capital investment, including the fair market value of any pre-operational services rendered of that investor;
2. the terms on which an investment interest was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must be no different than the terms offered to other investors;
3. the terms which an investment interest was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to or otherwise generate for the entity must not be related to the previous expected volume of referrals, items or services furnished or the amount of business otherwise generated by that investor to the entity;
4. there is no requirement that an investor make referrals to, be in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity as a condition of becoming or remaining an investor;
5. the entity or other investor does not market or furnish the entity's items or services to investors differently than to non-investors; and
6. the entity does not loan funds to or guarantee a loan for an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity if the investor uses any part of such loan to obtain the investment interest.

B. General Exceptions. Any payment, remuneration, practice or arrangement which is not prohibited by or unlawful under §1128.B(b) of the Federal Social Security Act (Act), 42 U.S.C. §1320a-7b(b), as amended, with respect to health care items or services for which payment may be made under Title XVIII or Title XIX of the Act, including those payments and practices sanctioned by the secretary of the United States Department of Health and

Human Services, through regulations promulgated at 42 C.F.R. §1001.952, shall not be deemed a payment prohibited by R.S. 37:1745.B or by §2111 of these rules with respect to health care items or services for which payment may be made by any patient or third-party payers, whether a governmental or private payer, on behalf of a patient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2115. Effect of Violation

A. Any violation of or failure of compliance with the prohibitions and provisions of §2105 and/or §2111 of this Chapter shall be deemed grounds for disciplinary proceedings against a psychologist, providing cause for the board to deny, revoke, suspend, restrict, refuse to issue or impose probationary or other restrictions on any license held or applied for by a psychologist found guilty of such violation.

B. **Administrative Sanctions.** In addition to the sanctions provided for by §2115.A, the board may order the additional sanctions or penalties described below.

1. Upon proof of a violation of §2105 of this Chapter by a psychologist, the board may order that all or any portion of any amounts paid by a patient, and/or any third-party payer on behalf of the patient, for health care items or services furnished upon a referral by the psychologist in violation of §2105 be refunded by the psychologist to such patient and/or third-party payer together with legal interest on such payment at the rate prescribe by law calculated from the date on which any such payment was made by the patient and/or third-party payers.

2. Upon proof of a violation of §2111 of this Chapter by a psychologist, the board may order a fine of not more than \$500 for each count or separate offense, plus administrative costs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

§2117. Disclosure of Financial Interest

(Name of Psychologist or Group)

(Address)

(Telephone Number)

DISCLOSURE OF FINANCIAL INTEREST

As Required by R.S. 37:1744; R.S. 37:1745, and
LAC 46:LXIII.2101-2115

TO: _____ Date: _____
(Name of Patient to be Referred)

(Patient Address)

Louisiana law requires psychologists and other health care providers to make certain disclosures to a patient when they refer a patient to another health care provider or facility in which the psychologist has a significant financial interest. (I am/we are) referring you, or the named patient for whom you are legal representative, to:

(Name and Address of Provider to Whom Patient is Referred)

to obtain the following health care services, products or items:

(Purpose of the Referral)

(I/we) have a financial interest in the health care provider to whom we are referring you, the nature and extent of which are as follows:

PATIENT ACKNOWLEDGMENT

I, the above named patient, or legal representative of such patient, hereby acknowledge receipt, on the date indicated and prior to the described referral, of a copy of the foregoing Disclosure of Financial Interest.

(Signature of Patient or Patient's Representative)

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1744 and R.S. 37:1745.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 21:1335 (December 1995).

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXIII. Psychologists

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